

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

FLAG EM TAXI
Richard Lewis
203 Hollywood Dr
Goose Creek, SC
29445

2009-123-T 215798

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was Assigned and should be entered above.

(Please type or print)

Submitted by: Richard Lewis Telephone: 642-2666
Address: 203 Hollywood Dr Fax: _____
Goose Creek, SC Other: _____
29445 Email: RLewis1@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application -- Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application -- Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application -- Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application -- Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application -- Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application -- Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

COPY
Posted: ted/ga
Dept: SA
Date: 3/18/09
Time: 4:30

RECEIVED

MAR 18 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

QSS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXIDATE 3/16, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Richard Lewisdba Flag Em Taxi

2. (a) Street Address of Applicant 203 Hollywood Dr

Goose Creek, SC 29445

- (b) Mailing address, if different from street address

Same

- (c) Telephone Number

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers, will be sufficient.

N/A

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: FEB 28 Year: 2009

Assets:	
Cash	<u>500.00</u>
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	<u>1000.00</u>
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	<u>1500.00</u>
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	<u>0</u>
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	<u>1500.00</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF BERKELEY

I, Richard Lewis, owner
(Name of Applicant's Representative) (Title)

of Flag Em Taxi, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 16th day of MARCH 2009

[Signature]
(Notary Public)

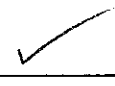
[Signature]
(Signature of Applicant's Representative)

Commission Expires: 9 MARCH 2019

EXHIBIT C

CLASS C

TAXI



CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Richard Lewis dba Flag Em Taxi

For the transportation of passengers as follows:

Area to be served: Dorchester, Berkeley
and Charleston County

Number of passengers: 5

Fares : 1.50 / mile

Date

3/16/99

Applicant

Title

owner

Rev.10/03

EXHIBIT D


PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: 3/16/09


(Applicant)

(Applicant's Representative)

Owner
(Title)

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

attached

Minimum Limits - Intrastate Only:

1 - 7 passengers

25,000/50,000/25,000

8 - 15 passengers

25,000/100,000/25,000

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)



MARKEL INSURANCE COMPANY
COMMERCIAL LINES POLICY
DECLARATIONS

Policy No: 08CAB1549

07CAB1549
Renewal of Policy No.

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)*

Richard Lewis d/b/a Flag Em Taxi
203 Hollywood Drive
Goose Creek, SC 29445

Policy Period: From: 10/10/08 until 10/10/09, at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Business Description: TAXI

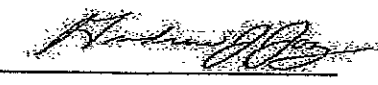
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT		PREMIUM
Commercial Property Coverage Part		\$
Commercial General Liability Coverage Part		\$
Commercial Inland Marine Coverage Part		\$
Boiler and Machinery Coverage Part		\$
Farm Coverage Part		\$
Commercial Auto Coverage Part		\$3,434.00
Liquor Liability Coverage Part		\$
Total Advance Premium:.....		\$3,434.00
Form(s) and Endorsement(s) made a part of this policy at time of issue*: CA 00 01, MD 001, MD 006, CA 00 38, CA 01 50, CA 02 30, CA 21 19, CA 21 89, CA 23 84, CA 99 27, CL 00 01, IL 00 21, MCA 037, MPN-GLB		

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned:

By

Date: October 27, 2008


Authorized Representative

Agency Name: ABI Insurance Services
Address Line 1: 32107 Lindero Canyon Rd.
Address Line 2:
City: Westlake Village State: CA Zip Code: 91361
Agency Number: 73700

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART OF THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

MD 001 (04/00)

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